		of Rhode Island e Secretary of State	Fee: \$50.00
	Division	Of Business Services	
		W. River Street	
		nce RI 02904-2615	
HOPE	(4(01) 222-3040	
Limited Liabilit Annual Report Filing Period: Septe			
to file its annual rep	R.I.G.L. 7-16-66(d), each limited l port within thirty (30) days after the ject to a penalty fee of \$25.00.		
ANNUAL REPOR	г уеая: <u>2020</u>		
1. ID No. <u>00</u>	1695670		
2. Exact Name o	of the Limited Liability Compan	y <u>The Etiquette Factory with He</u>	elen Wright, LLC
3. State of Form	ation		
State: <u>RI</u>			
	AR		
	NAICS Code that best describes terms of the section		y the entity. Download
<u>611310</u>			
4. Brief Descripti	on of the Character of the Busi	ness Which is Actually Conduct	ted in Rhode Island
TUTORING SERVICES IN SOCIAL AND PROFESSIONAL ETIQUETTE.			
5. Principal Offic	e Address		
5. Principal Offic			
-	e Address <u>5 LOOP DRIVE</u> <u>NORTH KINGSTOWN</u>	State: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
No. and Street: City or Town:	5 LOOP DRIVE		·
No. and Street: City or Town: 6. Mailing Addre	5 LOOP DRIVE NORTH KINGSTOWN ss of Limited Liability Company HELEN M WRIGHT Contact Title:	y and Name or Title of Contact	·
No. and Street: City or Town: 6. Mailing Addre	5 LOOP DRIVE <u>NORTH KINGSTOWN</u> ss of Limited Liability Company	y and Name or Title of Contact	·

Individual Name First, Middle, Last, Suffix Address

Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HELEN M. WRIGHT 5 LOOP DRIVE NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 4:16:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By HELEN M WRIGHT

Signature of Authorized Person

Form No. 632 Revised 09/07

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